

BEHAVIORAL
HEALTH
ADMINISTRATIVE
SERVICES
ORGANIZATION
(BHASO)

REPORTS MANUAL

County of San Diego
Behavioral Health Services
Required Reports

REPORT#	REPORT TITLE	TYPE	FREQUENCY	DUE DATE
AB 2726				
ADS-1	Access Line Statistics for ADS Calls	Combined	Monthly	15 th of month
CO-1	Access Line Statistics	Combined	Monthly	15 th of month
CO-2	Penetration Rate	Combined	As Needed	
CO-3	Inpatient ALOS	Adult	Monthly	15 th of month
CO-4	Inpatient Readmission Rate	Adult	Monthly	15 th of month
CO-5	Inpatient Days & Visits/1000	Adult	Semi-Annually	
CO-6	24 Hours Service Utilization	Adult	Monthly	15 th of month
CO-8	Out of County Long Term Care Client's Authorized Days	Adult	Monthly	15 th of month
CO-10	Monthly Appeals Report & FY YTD Appeals Report	Adult	Quarterly	
CO-11	Outpatient ECT Authorizations	Adult	Monthly	15 th of month
CO-12	State Hospitals Census and Client Listing	Adult	Monthly	15 th of month
CO-13	Secure Long Term Care Facility Monthly Report	Adult	Monthly	15 th of month
CO-14	SHARI	Adult	Monthly	15 th of month
Fin-3 A&B	Medicare/Insurance/Client Fees	A: Adult B: Child	Monthly	15 th of month
Fin-4	Medi-Cal FFS Hospital Days	Adult	Monthly	15 th of month
Fin-5 A&B	Individual FFS Provider Expenditures	A: Adult B: Child	Monthly	15 th of month
Fin-6	DSRA Check Registers		As Needed	
Fin-7	Distribution of Paid Contract Services		Monthly	15 th of month
Fin-8	State Cost Report	Combined	Annually	
Fin-9	EDS TAR Payment History	Adult	Quarterly	
Fin-10	Deposit Transmittals for SD County Collections		As Needed	
Fin-11	MAA Claims Data	Adult	Quarterly	
Fin-12	QA Claims Data (NOTE: Includes only ASO data)	Adult	Quarterly	
Fin-13	Medi-Cal Claims Summary Report	Combined	Monthly	15 th of month
Fin-15	Medi-Cal Revenue Analysis & Target	Combined	Monthly	15 th of month
HR-1	ASO-SD Employee Phone List	Combined	Monthly	15 th of month
MIS-1	Change in GAF Scores (NOTE: excludes 24 hour programs)	Combined	As Needed	
MIS-2	OSHDPD Quarterly	Combined	Quarterly	
MIS-3	Inpatient Discharge Data (sent to OSHDPD)		Semi-Annually	
MIS-5	IMD Report (sent to State)		Quarterly	
MIS-6	Admission, Discharge & Census	Combined	Monthly	7 th working day
MIS-8	CSI Data	Combined	Monthly	15 th of month
MIS-9	Ad Hoc Reporting Utilization	Combined	Monthly	15 th of month
PSC-1	Activities and Accomplishments (Mental Health Board Report)	Combined	Monthly	15 th of month
PS-1	Provider Network	Combined	Quarterly	
PS-2	FFS Access Report – Routine Wait Time	Combined	Monthly	15 th of month
PS-3	Provider Directory for Individual FFS Providers	Combined	Quarterly	
PS-4	Prescribing Psychiatrist Report for Healthy San Diego Plans	FFS & Org Providers	Quarterly	
PSP 354	Units of Service Report	Combined	Monthly	7 th working day
PSP 356	Cost Report Extract	Combined	Monthly	7 th working day
QI-1	Performance Standards	Combined	Quarterly	
QI-2	Client Complaints about the ASO	Combined	Quarterly	
TR-1	Training Report	Combined	Semi-Annually	
	Provider Tracking Report	Combined	Monthly	2 nd working day

*Combined type means report is for ADS, Adult/Older Adult and Children's Mental Health

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
AB2726	Special Education Services	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15 th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Children's Mental Health	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
EXTERNAL USERS	PURPOSE	
DETAILED REPORT DESCRIPTION		
<p><u>Report to include:</u></p> <p>Client Number</p> <p>Legal Entity</p> <p>Reporting Unit</p> <p>SELPA (what is this?)</p> <p>District Name</p> <p>Client Last Name</p> <p>Client First Name</p> <p>Social Security Number (SSN)</p> <p>Date of Birth (DOB)</p> <p>Provider Name</p> <p>Service Date</p> <p>Minutes/Units</p> <p>Number in Group</p> <p>Mode</p> <p>Service Function Code (SFC)</p> <p>Actual Financial Responsibility</p> <p>Medi-cal Minutes/Units</p> <p>Gross Cost, Rate</p> <p>Medi-cal Cost</p> <p>Federal Financial Participation (FFP%)</p> <p>EPSDT%</p> <p>Medi-Cal Revenue Offset</p> <p>Net Cost Non Medi-Cal</p> <p>Net Cost Medi-Cal</p> <p>Net Cost</p>		

Administrative Services Organization Reports Profile

REPORT NUMBER		REPORT TITLE	
ADS-1		Access Line Statistics for ADS Calls	
ASO REPORT OWNER		FREQUENCY	DELIVERY DATE
		Monthly	15 th
TECHNICAL SUPPORT		SYSTEM OF CARE	REVISIONS
		Alcohol and Drug Services	
REPORT DISTRIBUTION		DATA SOURCE AND LOCATION	
		Contact Tracking	
EXTERNAL USERS		PURPOSE	
		Provide demographics and services requested for ADS callers to ACL	
DETAILED REPORT DESCRIPTION			
Figure 1	X Axis = Graph for 13 months data, ending with current month Y Axis = number of calls by gender, graphed monthly		
Figure 2	X Axis = Graph for 13 months data, ending with current month Y Axis = Number of calls by age group (under 13;13-17;18-64;65 or older)		
Figure 3	X Axis = Graph for 13 months data, ending with current month Y Axis = number of calls graphed by ADS region monthly		
Figure 4	X Axis = Graph for 13 months data, ending with current month Y Axis = Services requested by type (prevention;detox;outpatient;residential;other)		
Figure 5	X Axis = Graph for 13 months data, ending with current month Y Axis = Languages of callers for ADS services (English;Spanish;Arabic;Vietnamese;other)		
Figure 6	X Axis = Graph for 13 months data, ending with current month Y Axis = Access and Crisis Line Call Volume, Calls Answered		
Figure 7	X Axis = Graph for 13 months data, ending with current month Y Axis = Access and Crisis Line, Average Speed to Answer		
Figure 8	X Axis = Graph for 13 months data, ending with current month Y Axis = Access and Crisis Line, Average Handle Time (in seconds)		
Figure 9	X Axis = Graph for 13 months data, ending with current month Y Axis = Access and Crisis Line, Abandonment rate		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
CO-1	Access Line Statistics	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Adult and Children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	CentreVu Data Access Line Database	
EXTERNAL USERS	PURPOSE	
	Number of calls answered; % answered within 30 seconds; Children and Adolescent related calls Provide demographics on performance of ACL	
DETAILED REPORT DESCRIPTION		
Figure 1 – Illustrates the Access Line Monthly Call Volume as measured by number of calls answered. Report displays previous and current fiscal year data.		
Figure 2 – Illustrates the Access and Crisis Line Average Handle Time (in seconds).		
Figure 3a – Illustrates the percent of calls received (through the ACL or Vendor Line) from Spanish-speaking clients. The percent of calls is calculated by dividing the total number of calls from Spanish-speaking clients by the monthly call volume (see Figure 1).		
Figure 3b – Illustrates the percent of calls received through the Language Line. The percent of calls is comprised of calls from clients that speak other language beside Spanish/English, and a small portion of Spanish-speaking clients where interpreter assistance was required by an ACL staff in order to communicate with the client. The percent of calls is calculated by dividing the total number of clients served through the Language Line by the monthly Call Volume (see Figure 1).		
Figure 3c – Illustrates the percent of calls received from clients that utilize TTY to call the Access & Crisis Line. The percent of calls is comprised of calls from clients that are hearing-impaired. The percent of calls is calculated by dividing the total number of calls received from TTY line by the monthly call volume (see Figure 1).		
Figure 4a – Illustrates the number of calls pertaining to Adolescent FFS Outpatient “Initial” Authorizations.		
Figure 4b – Illustrates the number of calls pertaining to Child FFS Outpatient “Initial” Authorizations.		
Figure 5a – Illustrates the informational cells pertaining to adolescents (ages 13-17). In this category are calls which do not result in a direct client referral or authorization. These calls include counseling parents, and providing information on child-related matters.		
Figure 5b – Illustrates the informational calls pertaining to children (ages 0-12). In this category are calls which do not result in a direct client referral or authorization. These calls include counseling parents, and providing information on child-related matters.		
Figure 6 – Illustrates the Crisis Counseling calls pertaining to children (ages 0-12). Crisis calls are determined by the clinician at the time of the call. For a detail description of a Crisis Call, please refer to ASO Policies & Procedures.		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
CO-3	Inpatient ALOS	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Adult	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	eCura	
EXTERNAL USERS	PURPOSE	
	Inpatient average length of stay by acute admissions; report is broken down into acute days, admin days, and total days. Only discharged clients are included in report	
DETAILED REPORT DESCRIPTION		
Figure 1: Acute days Figure 2: Admin days Figure 3: Total days	X Axis = time period by prior FY (<i>Annualized</i>), present FY and current month Y Axis = average length of stay (days) for adults Beneath ALOS each month Figure 1: Total Acute IP admissions Figure 2: Number Acute Admissions where client had admin Days	
Figure 1 – Illustrates the Inpatient FFS Hospital Average Length of Stay (ALOS) based on the total number of Acute Days (N).		
Figure 2 – Illustrates the Inpatient FFS Hospital Average Length of Stay (ALOS) based on the total number of Admin Days (N).		
Figure 3 – Illustrates the Inpatient FFS Hospital Average Length of Stay (ALOS) based on the combined total number of Acute and Admin Days (N).		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
CO-4	Inpatient Readmission Rate	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Adult	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	eCura	
EXTERNAL USERS	PURPOSE	
	Inpatient readmission rate (expressed as a percentage) within 30 days; number of readmissions and the total inpatient admissions	
DETAILED REPORT DESCRIPTION		
Figure 1	X Axis = time period; prior FY; present FY and current month Y Axis = percentage of inpatient clients readmitted within 30 days graphed separately for SDCPH, FFS Hospitals, and combined FFS/SDCPH.	
Text Box figure	This text details the raw number of admissions and readmissions for SDCPH, FFS Hospitals, and combined FFS/SDCPH.	

Administrative Services Organization Reports Profile

REPORT NUMBER		REPORT TITLE	
CO-5		Inpatient Days and Visits/1000	
ASO REPORT OWNER		FREQUENCY	DELIVERY DATE
		Semi-annually	15th
TECHNICAL SUPPORT		SYSTEM OF CARE	REVISIONS
ASO MIS		Adult	
REPORT DISTRIBUTION		DATA SOURCE AND LOCATION	
		eCura Census data for SD County from CA DMH	
EXTERNAL USERS		PURPOSE	
		Acute and Administrative inpatient days per 1000 Medi-Cal adult enrollees	
DETAILED REPORT DESCRIPTION			
Figure 1	X Axis = time period; last FY annualized; current FY annualized and current month Y Axis = inpatient acute and administrative days per 1000 Medi-Cal enrollees		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
CO-6	24 Hour Services Utilization: Adults/Older Adults	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Adult	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	eCura InSyst	
EXTERNAL USERS	PURPOSE	
	To show the San Diego MHP monthly census for hospitals and START programs	
DETAILED REPORT DESCRIPTION		
<p>Monthly inpatient census for FFS hospitals by facility name, unduplicated client count, days delivered (acute, administrative, and total days) and average daily census (acute, administrative, and total days)</p> <p>Monthly census for Crisis Residential (START) Programs by reporting unit, facility name, number of contracted beds, unduplicated client count, and days delivered.</p> <p>Occupancy Rate % = the mean occupancy rate for the time period specified. A mean Occupancy Rate of over 100% indicates the program's average occupancy rate exceeded the number of beds contracted by San Diego County.</p> <p>ALOS* (days) = the mean ALOS for the time period specified, based upon discharges</p> <p>*ALOS = Average Length of Stay</p>		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
CO-8	Out of County Long Term Care Authorizations	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Adult	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	Source data is in eCura; then manually developed into a word document	
EXTERNAL USERS	PURPOSE	
	Documentation of out of county LTC clients, facilities, Level of Care, dates of service and number of days. Used by County for payment of facility purchase orders.	
DETAILED REPORT DESCRIPTION		
Documentation of out of county LTC clients. Columns are, from Left to Right:		
a. Facility		
b. Patient		
c. Patient InSyst number		
d. Daily charge		
e. Dates of service authorized for month		
f. Number of days authorized for month		
This report contains PHI (client names, InSyst numbers, date of birth) which is necessary for County to process purchase orders.		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
CO 10	Monthly Appeals Report Fiscal Year to Date Appeals Report	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Quarterly	15 th of the month
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	eCura Appeals event and Data maintained on Excel spreadsheets by Administrative Operations Department	
EXTERNAL USERS	PURPOSE(s)	
	<ul style="list-style-type: none">• To identify the number of inpatient denials (NOAs) by hospital;• To identify the number of denied days overturned at first level review;• To identify the number of denied days overturned at second level review;• To identify the number of days pending appeal decision at first level review;• To identify the number of days pending appeal decision at second level review.	
DETAILED REPORT DESCRIPTION		
Monthly Report	An Excel file with two tabs, Level I and Level II. Level I records include: <ul style="list-style-type: none">a) eCura Patient IDb) Facilityc) Date Level I Appeal Letter Received¹d) Number of days appealede) Number of days Upheldf) Number of days Overturnedg) Overturned Reason Codeh) Number of days Level II records include: <ul style="list-style-type: none">a) eCura Patient IDb) Facilityc) Date Level II Notification received from DMH¹d) Number of days appealede) Number of days Upheldf) Number of days Overturnedg) Number of days	
Fiscal Year to Date Report	An Excel file with two tabs, FY 04 - 05 I and FY 04 - 05 II, reflecting Level I and Level II appeals. This report is simply the aggregation of all the relevant monthly reports. Additionally, as determinations are made and notifications sent, that information is recorded in eCura. The report is updated monthly with this new information.	

¹ This date, rather than admission date, becomes/determines when/where record is included in report.

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
CO 11	Outpatient ECT Authorization FY to date Report	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15 th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	adult	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	eCura event	
EXTERNAL USERS	PURPOSE(s)	
	<ul style="list-style-type: none">For use in reconciling FFS Hospital invoices for OP ECT services against authorizations for services.	
DETAILED REPORT DESCRIPTION		
Monthly Report	An Excel file with a single tab. Columns report the data: <ul style="list-style-type: none">a. Facilityb. Number of sessionsc. SSN clientd. Last Name cliente. First Name clientf. DOBg. Effective date authh. End date authi. Psychiatrist	

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
CO 12	State Hospital Census	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15 th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Adult	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	Source data is in eCura; then manually developed into a word document	
EXTERNAL USERS	PURPOSE(s)	
	Documentation of Client placed in State Hospital, to track utilization of contracted beds.	
DETAILED REPORT DESCRIPTION		
	<p>Page1:</p> <p>Title: _____(current month) Census for State Hospitals</p> <p>Columns (left to right):</p> <ul style="list-style-type: none"> • State Hospital • Number of new admissions in month being reported • Number of discharges in month being reported • Census as of last day of month being reported. • Totals for all three facilities at bottoms of columns <p>Page 2:</p> <p>Table with Clients listed:</p> <p>Columns (left to right):</p> <ul style="list-style-type: none"> • Facility • Patient name • Dates of service provided under contract • Total days of service for month 	

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
CO 13	Secure Facility/Long Term Care (LTC) Monthly report	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15 th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Adult	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	Source data is in eCura and InSyst; then manually developed into a word document	
EXTERNAL USERS	PURPOSE(s)	
	<ul style="list-style-type: none">• Documentation of applications, admissions and discharges for Clients placed in IMDs, to track utilization of contracted beds.• Census by facility, both in and out of county• Continued stay clinical reviews by facility, with numbers of 30 day notices given.	
DETAILED REPORT DESCRIPTION		

Administrative Services Organization Reports Profile

Page 1:

- Table 1: Applications for SF/LTC
 - Column heads, left to right:
 - Current month;
 - Current FY YTD;
 - Comparison data from same month, prior FY
 - Row labels, top to bottom:
 - Number accepted for LTC;
 - Number declined or withdrawn;
 - Number pending;
 - Total number of applications
- Table 2: Requests for County Review of ASO Determination that Admission Criteria Was Not Met
 - Column heads, left to right:
 - Reporting period month
 - FY YTD summary data
 - Row labels, top to bottom:
 - Number of requests for County Review of ASO adverse determination for admission to SF/LTC
 - Number of above requests that were overturned
 - Number of above requests that were upheld
 - Number of above requests that were withdrawn

- Figure 1 – SF/LTC Referrals.

Illustrates the number of SF/LTC Referrals received for the current month and 12 prior months. There are line graphs documenting, with monthly data points, the Number of applications received, number accepted, number declined/withdrawn, number pended. Data is also reported in numeric form, in a table beneath the graph

Page 2:

- Table 3: _____(current month, year) Census for In-County SF/LTC Facilities
 - Column heads, left to right: In-County facility (name)
 - Census as of last day of month reported
 - Number of discharges in month prior to Lower Level of Care
 - Number of discharges in month prior to Lower Level of Care
 - Number of clients on Wait List for Placement as of last day of month reported
 - Row labels, top to bottom:
 - Facility Name
 - Total
 - Figure 2-Number of Clients Waiting for Placement at In-County SF/LTC Facilities
- Illustrates the number of waiting for placement at an in county facility. There are line graphs documenting, with monthly data points, the clients waiting for each of the three contracted IMDs and the total number waiting. Data is also reported in numeric form, in a table beneath the graph.

Administrative Services Organization Reports Profile

Page 3:

- Table 4: _____ (current month, year) Census for Out-of-County SF/LTC Facilities
 - Column heads, left to right:
 - Out of County facility (name)
 - Census as of last day of month reported
 - Number of discharges in month reported
 - Row labels, top to bottom:
 - Names of out of county facilities with clients
 - Total
- Table 5: Continued Stay Clinical Reviews
 - Column Heads, left to right
 - Facility
 - Number of Reviews for month reported
 - Number of 30 day notices reported month
 - Number of reviews FYTD that facility
 - Number of 30 day notices FYTD that facility
 - Row labels, top to bottom:
 - In-county contracted facilities
 - Total In-County reviews
 - Out of County facilities reviewed (listed)
 - Total out-of-county
 - State Hospitals
 - Total State Hospital

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
CO 14	SHARI: Special Help for At Risk Individuals	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15 th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Adult	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	Source data is in eCura and InSyst; then manually developed into a word document	
EXTERNAL USERS	PURPOSE(s)	
	Documentation of services utilization by SHARI clients at various levels of care	
DETAILED REPORT DESCRIPTION		
	<p>Table with 9 columns at 2 rows: Column headings:</p> <ul style="list-style-type: none">• Total number of active SHARI clients during the month• Number of SHARI clients that received services in ADDITION to Intensive Case Management in the month reported• Number of EPU Contacts• Number of START admits• Number of START days• Number of FFS Hospital admits billed to MediCal in month• Number of FFS Hospital Acute Days billed to MediCal• Number of FFS Hospital Admin Days billed to MediCal• Total FFS Hospital LOS billed to MediCal.	

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
FIN-3, a & b	Medicare/Insurance/Client Fees	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	a-Adult b-Children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	Reimbursement unit Cash Collection Report	
RELATED REPORTS	PURPOSE	
	Medicare, insurance and client fees for County programs shown by budgeted, actual and projected annual revenue	
DETAILED REPORT DESCRIPTION		
3a – Adults 3b – Children & Adolescents	Revenue categories by month and a year to date. Adjustments and percentages reflected below.	

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
FIN-4	Medi-Cal FFS Hospital Days	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Adult	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	TAR Database	
RELATED REPORTS	PURPOSE	
	To show the monthly adult inpatient days for acute and admin care.	

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
FIN-5, a & b	Individual (FFS) Medi-Cal Provider Expenditures	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	a-Adult b-Children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	InSyst MIS department "Individual FFS Provider Payment Report"	
RELATED REPORTS	PURPOSE	
5a – Adults 5b – Children & Adolescents	To show the individual (FFS) providers monthly actual expenditures	
REPORT DESCRIPTION		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
FIN-6	DSRA Check Register	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Weekly	Thursday
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Combined –Adult and Children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	eCura	
RELATED REPORTS	PURPOSE	
	Tracking of weekly check run activity	
DETAILED REPORT DESCRIPTION		
Weekly Check Run Summary, by LOW and Item Number		
DSRA Check Register by Date, Check Number, Payee and amount		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
FIN-7	Distribution of Paid Contract Services	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Combined – Adult and Children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	eCura – Check Register	
RELATED REPORTS	PURPOSE	
	Tracking of paid contract services	
DETAILED REPORT DESCRIPTION		
DSRA paid out for month and Year to Date		
Individual Provider payments by month of check, by month of service and grand total		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
FIN-8	State Cost Report	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Annual	
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
MIS	Combined – Adult and Children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	InSyst, ASO Financials	
RELATED REPORTS	PURPOSE	
	To report the total costs for MAA, QA community services and administration	
DETAILED REPORT DESCRIPTION		
MAA, QA, community services and administrative costs shown for salary and benefits, other costs.		
Units, unit cost, Medi-Cal % per claims and claimable amount @ 50% FFP		
Breakdown of MAA units and costs for medical outreach, referral in crisis, mental health outreach and case management		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
FIN-9	EDS Payment History	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Quarterly	45 days after the end of the quarter
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Adult and Child & Adolescent	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	EDS Data	
RELATED REPORTS	PURPOSE	
	To report fiscal year payments from EDS system	
DETAILED REPORT DESCRIPTION		
Claims process along with reimbursement amounts by fiscal year shown for the adult and children's systems and the total		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
FIN 10	Deposit Transmittals for SD County Collections	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Daily, when applicable	NA
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Combined – adult and children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	Daily cash posting log and transmittal receipt	
RELATED REPORTS	PURPOSE	
	To show the daily deposit transmittal and receipt sent to HHSA, Mental Health cashier	
DETAILED REPORT DESCRIPTION		
Transmittal statement to HHSA, Mental Health Management Cashier		
Daily cash posting log by client name and payment amount and total payment		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
FIN-11	MAA Claims Data	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Quarterly	45 days after the end of the quarter
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Combined –Adult and children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	eCura (Contract Tracking) & InSyst	
RELATED REPORTS	PURPOSE	
	To show the quarterly MAA claims data for direct services provided by ASO staff	
REPORT DESCRIPTION		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
FIN-12	QA Claims Data	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Quarterly	45 days after the end of the quarter
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
MIS	Combined-adult and children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	eCura (Contract Tracking) & InSyst	
RELATED REPORTS	PURPOSE	
	To report the Short-Doyle/Medi-Cal monthly claim for reimbursement for quality assurance	
DETAILED REPORT DESCRIPTION		
Breakdown of Short-Doyle/Medi-Cal monthly claim for reimbursement for quality assurance by salary, benefits, training, travel, general expense. Communication and total		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
FIN 13	Medi-Cal Claims	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15 th of the month
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	a-Adult b-Children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	InSyst Medi-Cal claim lines plus the MHS 150 billing data presented on Excel spreadsheet	
RELATED REPORTS	PURPOSE	
Formally the Fin 1a, 1b, 2a and 2b.	Medi-Cal revenue for organizational providers for adult (1a report reference) and children (1b report reference) programs, and Individual FFS providers (adults and C&A) who are active and inactive (2a and 2b report references). Includes County providers.	
DETAILED REPORT DESCRIPTION		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
FIN-15	Medi-Cal Revenue Analysis & Target	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15 th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
EXTERNAL USERS	PURPOSE	

DETAILED REPORT DESCRIPTION

Reports to include:

<u>Report</u>	<u>Description</u>	<u>Umbrella #</u>	<u>Sub-bureau#</u>
Summary	Listing of all reporting units (a summary of all the following reports)	1,2	1,2,8,9
Adult-County	Programs for Adults operated by the County	1	1
Adult-Contracted	Programs for Adults operated by Contractors	1	2
Adult-Contracted (Retired)	Programs for Adults retired, but once operated by Contractors	1	9
Children-County	Programs for Children operated by the County	2	1
Children-Contracted	Programs for Children operated by the Contractors	2	2
Children-County (Retired)	Programs for Children retired, but once operated by the County	2	8
Children-Contracted (Retired)	Programs for Children retired, but once operated by the Contractors	2	9

Data fields to include:

Legal Entity
 Reporting Unit
 Provider Name
 Umbrella Organization
 Sub Bureau
 Claimed Units Month/Year
 Claimed Dollars Month/Year
 Variance - Units: Month to Month
 Variance - Dollars: Month to Month
 Variance - Units % Change: Month to Month
 Variance - Dollars % Change: Month to Month

Footnotes

-**Umbrella** is an InSyst term used to describe what type program, Adult, Children or a Fee for Service provider
 -**Sub-bureau** is another InSyst term used to identify if the reporting unit belongs to the County or Contractor, and if "retired" and no longer active

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
HR-1	Employee Phone List	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15 th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
EXTERNAL USERS	PURPOSE	
DETAILED REPORT DESCRIPTION		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
MIS-2	OSHPD Quarterly	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Quarterly	45 days after the end of the quarter
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Combined - Adult and Children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	InSyst	
EXTERNAL USERS	PURPOSE	
	Quarterly discharged episodes and episodes served for inpatient and outpatient programs	
DETAILED REPORT DESCRIPTION		
Inpatient discharged episodes and episodes served for inpatient and outpatient programs		

Administrative Services Organization Reports Profile

REPORT NUMBER		REPORT TITLE	
MIS-3		Inpatient Discharge Data	
ASO REPORT OWNER		FREQUENCY	DELIVERY DATE
\		Semi-annually	3 months after end of reporting period
TECHNICAL SUPPORT		SYSTEM OF CARE	REVISIONS
\		Adult	
REPORT DISTRIBUTION		DATA SOURCE AND LOCATION	
Report to Office of Statewide Health Planning & Development (OSHPD)		InSyst	
RELATED REPORTS		PURPOSE	
		Electronic submission to the state	
DETAILED REPORT DESCRIPTION			
Electronic submission to the state OSHPD at www.oshpd.state.ca.us/hid/MIRCal/ Contains PHI (client name, InSyst number, diagnosis) required by the State Hard copy not available			

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
MIS-6	Admission, Discharge & Census	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	15th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Adult and Children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	InSyst	
EXTERNAL USERS	PURPOSE	
	To show the system –wide admissions, discharge and census by month	
DETAILED REPORT DESCRIPTION		
System-wide admission, discharge and census for adult and children’s services		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
MIS-8	CSI (Client and Service Information System) Data	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	60 days after the end of the month
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Adult and Children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
Uploaded to State DMH secure Website - to a CSI Directory	InSyst	
RELATED REPORTS	PURPOSE	
	Electronic submission to the State	
DETAILED REPORT DESCRIPTION		
Electronic submission to the State. No hard copy available Contains all available client PHI which is required by the State		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
MIS-9	Ad Hoc Reporting Utilization	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
MIS Department	Monthly	15th
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Combined-Adult & Children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	Access 2003 Helpdesk database	
EXTERNAL USERS	PURPOSE	
	To track the 200 hours used for ad hoc report programming and specialized training.	
DETAILED REPORT DESCRIPTION		
Grid that shows the ad hoc reports and training by Service Request (SR)#; date closed, date requested, total days, requestor, programmer, method of request and time summary (hours)		

Administrative Services Organization Reports Profile

REPORT NUMBER		REPORT TITLE	
PS-1		Provider Network	
ASO REPORT OWNER		FREQUENCY	DELIVERY DATE
		Quarterly	15th
TECHNICAL SUPPORT		SYSTEM OF CARE	REVISIONS
		Adult and Children	
REPORT DISTRIBUTION		DATA SOURCE AND LOCATION	
		ASO Credentialing database	
EXTERNAL USERS		PURPOSE	
		Breakdown of FFS providers by discipline and how many providers are accepting new referrals. Presents a breakdown of Out-of County Individual FFS providers	
DETAILED REPORT DESCRIPTION			
Figure 1	Number of contracted FFS providers by discipline (MD/PhD/MFT/LCSW) in and out of SD County		
Figure 2	Number of contracted FFS providers by discipline providing services in SD County		
Figure 3	Number of contracted FFS providers by discipline providing services out of County		
Figure 4	Number of available contracted FFS providers by discipline providing services in SD County		
Figure 5	Language capacity of contracted FFS providers by discipline providing services in SD County		
Table 1	Changes in SD County Provider Network that have occurred over the previous month includes newly contracted providers and providers who have resigned		
Table 2	Number of Psychiatrists by region and groups treated		
Table 3	Number of providers by discipline and region		
Table 4	Provider languages spoken by discipline and region		

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
PS-2	FFS Access Report – Routine Wait time	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	By the 15 th of each month
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
	Adult/Older Adult and Children	
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	Data sources: eCura authorizations designated as routine on Page 1 of the Access Screening/Authorization form V1.1 and eCura claims with CPT code 90801 subsequent to the auth.	
RELATED REPORTS	PURPOSE	
FFS Access Report-Urgent Wait time report	To identify how long clients wait, on average, for a routine appointment with an MD and with Non-MDs in a given month. And to identify the number of clients who requested routine services received routine services.	
DETAILED REPORT DESCRIPTION		
<p>Report consists of data from eCura.</p> <p>First data about the Routine Outpatient Authorizations from Page 1 of the Access Screening/Authorization form V1.1 is pulled from eCura. The number of Adult and Child authorizations to MDs and All Other (e.g. non-MD or DO providers) is determined. For each authorization the auth date is determined and the corresponding claim with CPT code 90801 is located and the date of service of the 90801 is determined. (CPT code 90801 is used because it indicates the first service, an assessment)</p> <p>The wait time between the auth date and the date of service is calculated for each auth.</p> <ul style="list-style-type: none">• Authorizations with no corresponding claim with CPT code 90801 are not included in further calculations.• Authorizations with a wait time of zero (0) days are not included in further calculations because many providers/clients call for authorizations during the first session or immediately afterwards. Including wait times of zero (0) days would include these same day call/auths, would skew the wait time calculation, and does not accurately measure the data being sought. <p>After the wait time for each service is calculated, the average is taken, by client age and provider type.</p> <p>This report requires 90 days pass after the authorization in order to capture all claims submitted by providers for the service.</p>		

Administrative Services Organization Reports Profile

REPORT NUMBER		REPORT TITLE	
PS-3		Provider Directory for Individual (FFS) Providers	
ASO REPORT OWNER		FREQUENCY	DELIVERY DATE
		Quarterly	45 days after the end of the quarter
TECHNICAL SUPPORT		SYSTEM OF CARE	REVISIONS
MIS Department		Adult and children	
REPORT DISTRIBUTION		DATA SOURCE AND LOCATION	
		ASO Credentialing Database	
EXTERNAL USERS		PURPOSE	
		FFS providers sorted by region. Report includes provider number, reporting unit, provider name and address.	
DETAILED REPORT DESCRIPTION			
List of current FFS providers sorted by region. Report includes provider number, reporting unit, provider name and address. Footer includes a legend identifying the provider numbers.			

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE																			
PS-4	Prescribing Psychiatrist report for Healthy San Diego Plans																			
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE																		
	Quarterly	45 days after the 15 th of the month																		
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS																		
	All																			
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION																			
	<ul style="list-style-type: none"> InSyst services entered data for Org and County Providers and data in InSyst regarding FFS providers. 																			
RELATED REPORTS	PURPOSE																			
	To provide data to the Healthy San Diego Health plans so that they can pay for prescriptions for their Medi-Cal Members receiving psychiatrist services from the FFS Provider Network, an Org. Provider, or a County Clinic																			
DETAILED REPORT DESCRIPTION																				
<p>This report is a listing of all psychiatrists in the Org. Providers, the County Clinics and the FFS Provider Network that have provided psychiatric services that include medication management or monitoring to Medi-Cal clients that have medical coverage through one of the Healthy San Diego Health Plans. This report includes children and adults/older adults systems of care.</p> <p>The report must be delivered in Excel format. The report does not include any PHI; it can be emailed to the distribution list.</p> <p>The report consists of the following data elements at a minimum:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 16.6%;">Provider Last name</th><th style="width: 16.6%;">Provider first name</th><th style="width: 16.6%;">Provider license (either MD or DO only)</th><th style="width: 16.6%;">Provider License number</th><th style="width: 16.6%;">Provider DEA number</th><th style="width: 16.6%;">Provider Address</th></tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Data is extracted from InSyst using Medication Procedure Codes 360,361,367 and 368.</p>			Provider Last name	Provider first name	Provider license (either MD or DO only)	Provider License number	Provider DEA number	Provider Address												
Provider Last name	Provider first name	Provider license (either MD or DO only)	Provider License number	Provider DEA number	Provider Address															

COUNTY OF SAN DIEGO
Health and Human Services Agency
PSC-1 (Activities and Accomplishments)
MONTHLY STATUS REPORT

Contractor: _____
Contract Number: _____

Report Period: _____
Date: _____

1. NOTEWORTHY ACTIVITIES/UNUSUAL EVENTS –

--

2. ASO ISSUES AND ACTIONS INITIATED TO SOLVE OR MITIGATE THEM –

--

3.

PERFORMANCE STANDARDS	OUTCOMES
95% of calls on the Access and Crisis Line crisis queue shall be answered within 30 seconds with less than 5 % of calls abandoned by callers after 45 seconds.	
Average speed to answer all other Access and Crisis Line calls shall be less than or equal to 60 seconds with less than 5% of calls abandoned by callers after 75 seconds.	
85% of Information and Referral callers to the Access and Crisis Line who respond to a survey will report satisfaction with ACL services.	
Pay 95% of all complete and valid fee for service individual provider claims within 30 days of receipt with 99% financial accuracy and 97% procedural accuracy. This standard shall be suspended at such time that the Anasazi system has demonstrated the functionality required to process FFS network individual and group claims to County and Contractor satisfaction.	
85% of individual FFS network group, individual providers, and FFS hospitals which respond to a survey will report satisfaction with ASO Services.	
Contractor shall submit Medi-Cal billing and re-billing to the state, until otherwise directed by the County, in the State DMH approved format on a monthly basis within 30 days of the end of the billing cycle for first time billing, and at a negotiated frequency for supplemental billing. Medi-Cal billing shall be based on data entered by organizational providers and paid services transferred from eCura for individual fee for service providers.	
Contractor shall generate reports as outlined in the "Medi-Cal Revenue Tracking and Analysis Report" (including timeline for report delivery and report elements) to assist the County in forecasting and understanding changes in Medi-Cal revenue.	
Medicare and insurance billings shall be submitted to the appropriate payor on a monthly basis within 30 days of the end of each billing cycle, i.e. claims for the month of July will be submitted no later than August 30 th of that year. Client billings shall be submitted to the appropriate payer on a quarterly basis within 30 (thirty) days of the end of the quarter's billing cycle, i.e. claims for Q1 will be submitted no later than October 31 st .	
Support for Duration of Legacy Systems Utilization 90% of user calls to the assistance desk shall be successfully resolved within one business day.	
Ongoing MIS services and support for Anasazi System 90% of user calls to the assistance desk shall be successfully resolved within one business day.	
Comments:	

4. AD HOC REPORTS COMPLETED: **MONTH HOURS:** **YTD HOURS:**

Name and Title of Person Completing this Form

Date

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
PSP 354	Units of Service Report	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	7 th working day of month
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
RELATED REPORTS	PURPOSE	
	This report is run by ASO and posted on a reports download site. This report is saved as a spreadsheet and shows all units of service by reporting unit, by service function code, by month. This report will let program managers and program staffs know how many service units have been recorded in the InSyst system for each reporting unit and for each procedure code for each month of the fiscal year.	
DETAILED REPORT DESCRIPTION		
<i>Mode</i>	<i>Mode of Service Defined by State:</i> 05 = Residential 10 = Day Treatment/Day Program 15 = Outpatient/Case Management	
<i>RU</i>	<i>Reporting Unit number (Cost Center)</i>	
<i>Provider Name</i>	<i>Provider Name in InSyst</i>	
<i>SFC</i>	<i>Service-Function-Code defined by State</i>	
<i>Proc Code</i>	<i>InSyst Procedure Code</i>	
<i>Svc Year</i>	<i>Service Year</i>	
<i>Svc Month</i>	<i>Service Month</i>	
<i>Dollars</i>	<i>Dollar value for the services provided regardless of payor source</i>	
<i>Units</i>	<i>The count of services provided for the reporting unit, SFC, Procedure code, year, month, etc.</i>	
<i>Minutes</i>	<i>The total minutes provided for the reporting unit, SFC, Procedure code, year, month, etc.</i>	
<i>Unit Type</i>	<i>The type of service unit:</i> A = Staff + Co-staff Minutes B = Program C = Crisis D = Residential E = Staff Minutes Only F = Voc. & Soc. Services G = Crisis Stabilization	

In addition to the above detail, there shall be a summary version of the report as a separate worksheet tab on the spreadsheet.

NOTES:

- This report is not intended to match the PSP356 Cost Report
- This report may match the MHS831 Service Summary Report if submitted for the same period of time.
- Service deletions and additions would be reflected in subsequent PSP354 reports.

Administrative Services Organization Reports Profile

REPORT NUMBER		REPORT TITLE	
PSP 356		Cost Report Extract	
ASO REPORT OWNER		FREQUENCY	DELIVERY DATE
		Monthly	7 th working day of month
TECHNICAL SUPPORT		SYSTEM OF CARE	REVISIONS
REPORT DISTRIBUTION		DATA SOURCE AND LOCATION	
RELATED REPORTS		PURPOSE	
		This report is run by ASO and posted on a reports download site. This report is saved as a spreadsheet and shows all units of service have been recorded in the InSyst system that resulted in a claim to Medi-Cal, year-to-date	
DETAILED REPORT DESCRIPTION			
Mode	Mode of Service Defined by Medi-Cal		
CDS Prov	State Provider Code		
RU	Reporting Unit number (Cost Center)		
Provider Name	Provider Name in InSyst		
SFC	Service-Function-Code defined by Medi-Cal		
Proc Code	InSyst Procedure Code		
Clmd UOT	Claimed-Units-of-Time for this Provider, Mode, & SFC		
Clmd UOS	Claimed-Units-of-Service for this Provider, Mode, & SFC		
Claimed Amount	Total Amount Claimed to Medi-Cal for this Provider, Mode, & SFC		
MC Only UOS	Medi-Cal Only Units-of-Service. Portion of Total UOS where Medi-Cal is only payor.		
MC Only UOT	Medi-Cal Only Units-of-Time. Portion of Total UOT where Medi-Cal is only payor.		
MC Only Paid Amount	Medi-Cal Only Paid Amount. Amount Paid by Medi-Cal where Medi-Cal is only payor.		
Medi/Medi UOS	Medi/Medi Units-of-Service. Portion of Total UOS where Medicare is also a payor.		
Medi/Medi UOT	Medi/Medi Units-of-Time. Portion of Total UOT where Medicare is also a payor.		
Medi/Medi Paid MC	Medi/Medi (Paid Medi-Cal). Amount Paid by Medi-Cal where Medicare is also a payor.		
Medi/Medi Paid MCare	Medi/Medi (Paid Medicare). Amount Paid by Medicare		
Medi/Ins UOS	Medi/Ins Units-of-Service. Portion of Total UOS where Insurance is only other payor.		
Medi/Ins UOT	Medi/Ins Units-of-Time. Portion of Total UOT where Insurance is only other payor		
Medi/Ins Paid MC	Medi/Ins (Paid Medi-Cal). Amount Paid by Medi-Cal where Insurance is only other payor		
Medi/Ins Paid Ins	Medi/Ins (Paid Insurance). Amount Paid by Insurance		
Denied UOS	Denied Units-of-Service. Portion of Total UOS whose Medi-Cal claims were Denied		
Denied UOT	Denied Units-of-Time. Portion of Total UOT whose Medi-Cal claims were Denied		
Denied Amount	Amount Denied by Medi-Cal		

Notes:

- This report is not intended to match the PSP354. The total MC UOS and UOT may match the PSP354 only if 100% of services are Medi-Cal eligible clients, all services are entered in a timely manner and clients have UMDAPS in InSyst.
- Services deleted from InSyst after they are posted in the system and claimed to Medi-Cal may still be reflected on the PSP356.

COUNTY OF SAN DIEGO
Health and Human Services Agency
Behavioral Health Services
QI-1 Report
PERFORMANCE STANDARDS

STANDARD	1Q	2Q	3Q	4Q	Annual
	July to September	October to December			
<p>95% of calls on the Access and Crisis Line crisis queue shall be answered within 30 seconds</p> <p>Less than 5 % of calls abandoned by callers after 45 seconds.</p>	<p>July: Percentage of calls answered within 30 seconds - _____ Percentage of calls abandoned after 45 seconds - _____</p> <p>August: Percentage of calls answered within 30 seconds - _____ Percentage of calls abandoned after 45 seconds - _____</p> <p>September: Percentage of calls answered within 30 seconds - _____ Percentage of calls abandoned after 45 seconds - _____</p>				

Name and Title of Person Completing this Form

Date

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
QI-2	Client Complaints about ASO Services	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
Quality Improvement Manager	Quarterly	45 days after the end of the quarter
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
MIS to create report in ACCESS database; but QI manager to have capability to run report once it has been created.		
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
	Data source: ORBIT II, ORBIT I databases used by clinical staff and reimbursement staff	
RELATED REPORTS	PURPOSE	
	To inform County about complaints from clients about ASO operations or staff. To track and trend content of complaints as opportunities for improving operations.	
DETAILED REPORT DESCRIPTION		
From data in the ORBIT databases create a report that lists complaints about ASO operations/staff. Include date of call, date call was resolved, how resolved, details of call and details of resolution.		

Administrative Services Organization Reports Profile

REPORT NUMBER		REPORT TITLE	
TR-1		FFS Provider Network listing	
ASO REPORT OWNER		FREQUENCY	DELIVERY DATE
Compliance and Training Manager		Quarterly	45 days after the end of the quarter
TECHNICAL SUPPORT		SYSTEM OF CARE	REVISIONS
MIS to run report out of eCura			
REPORT DISTRIBUTION		DATA SOURCE AND LOCATION	
		Data source: Training Database	
RELATED REPORTS		PURPOSE	
		To inform County about the trainings done by ASO for internal staff and training given to external organizational and FFS provider, and provider staff	
DETAILED REPORT DESCRIPTION			
<p>From data in the training database and other training documentation create a report that lists internal trainings given to ASO staff – list name of training, date of training, and who attended.</p> <p>In addition, list external trainings such as training organization providers on InSyst data entry or training FFS providers on co-occurring disorders treatment, the date of the training, and who attended the training.</p>			

Administrative Services Organization Reports Profile

REPORT NUMBER	REPORT TITLE	
	Provider Tracking Report	
ASO REPORT OWNER	FREQUENCY	DELIVERY DATE
	Monthly	2 nd
TECHNICAL SUPPORT	SYSTEM OF CARE	REVISIONS
REPORT DISTRIBUTION	DATA SOURCE AND LOCATION	
EXTERNAL USERS	PURPOSE	
	Monthly Program Tracking report by Region and Provider	
DETAILED REPORT DESCRIPTION		
<p>Report to include:</p> <ul style="list-style-type: none"> Deletion Request Received (≥ 1 deletion) ECR Completion (≥ 14 days) Incomplete Insurance Policies (> 1 record) Service Entry Delay (> 2.5 days) Missing UMDAP (≥ 1 client) UMDAP Due for Renewal (≥ 1 client) 		